

POSITION	ID NO.	DATE
CLASSIFIER	18	1/15/97
EXAMINER		
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	4/12/97
Original	1/10/97
5	5/18/97
6	5/20/97
7	5/20/97
8	5/20/97
9	5/20/97
10	5/20/97
11	5/20/97
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16	4/12/97
17	5/20/97
18	5/20/97
19	5/20/97
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22	5/20/97
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24	5/20/97
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SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through number) ..... Cancelled
- + ..... Restricted
- N ..... Non-elected
- | ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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